

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:			) OLOG	
		Warwick et al.	) Attorney Docket: 39340.1.1.3	
Serial	No.:	10/038,208	OCGY  Attorney Docket: 39340.1.1.3  Group Art Unit: 3764  Decrease Thank Overs D	
Filed:		2 January 2002	Examiner: Thanh, Quang D.	
For:	CHEST COMPRESSION APPARATUS  Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		) I hereby certify that this correspondence is be	s Posta envelope ents, P.O 50 tent and
To:			deposited with the United States Posservice as first-class mail in an envelope addressed to: Commissioner for Patents, Posservice and Patents, Posservice addressed to: Commissioner for Patents, Posservice addressed to: Commissioner for Patents, Posservice and Patents, Posservice and Patents and Trademark Office and delivered to the Patent and Delivered to the Delivered to the Patent and Delivered to the Delivered to the Delivered to the De	

## SUPPLEMENTAL AMENDMENT

This Supplemental Amendment is filed in response to the Office Action mailed January 26, 2004, the period for response which has been extended to June 26, 2004 by the accompanying Request for Extension of Time.

In re Atty. Ref. No.: 39340.1.1.3 Application of: Warwick et al. 3764 10/038,208 Group Art Unit: Serial No. ' Thanh, Quang D. Examiner: Filing Date: 2 January 2002 For: CHEST COMPRESSION APPARATUS Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir: Transmitted herewith is an amendment in the above-identified application. [X] applicant(s) is/are entitled to small entity status in accordance with 37 CFR 1.27. [ ] No additional fee is required. The fee has been calculated as shown below: OTHER THAN A **SMALL ENTITY SMALL ENTITY** (Col. 1) (Col. 2) (Col. 3) CLAIMS ADDIT. ADDIT. PRESENT **RATE** OR **RATE** HIGHEST NO. REMAINING FEE **PREVIOUSLY EXTRA FEE** AFTER **AMENDMENT** PAID FOR \$ \$18 **TOTAL** \* 40 MINUS \*\* 20 = 20\$9 \$ 180 \$ \*\*\* 3 \$0 \$86 \* 2 =0\$43 **MINUS** INDEP. \$ \$0 ☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM \$ **TOTAL** \$ 180 OR TOTAL ADDIT. FEE If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed. [ ] Please charge Deposit Account No. 061910 in the amount of \$\_\_\_ [X] A check in the amount of \$180.00 and \$210.00 is attached. The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 061910, including any filing fees under 37 CFR 1.16 for the presentation of extra claims and any patent application processing fees under 37 CFR 1.17. Registration No. 31,162 FREDRIKSON & BYRON, P.A. 200 South Sixth Street, Suite 4000 Minneapolis, MN 55402-1425 Telephone: (612) 492-7000 Facsimile: (612) 492-7077 Customer No. 022859 I hereby certify that this correspondence is being: deposited with the United States Postal Service as first-class mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231 facsimile transmitted to the U.S. Patent and Trademark Office

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